



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

OBSTETRICAL DIET LISTS.

DEAR EDITOR: In your next month's JOURNAL, would you kindly give a two weeks' suitable diet, starting with liquid and ending with full diet, for an obstetrical patient or, in other words, will you give a menu for each day?

E. L. B.

[Replies from obstetrical nurses received before February 12 will be embodied in an article on the subject in the March JOURNAL.—ED.]

NEW USE FOR A PAP SPOON.

DEAR EDITOR: One of the best suggestions offered me by the superintendent of nurses when I was leaving the hospital to commence private nursing was that I should subscribe to THE AMERICAN JOURNAL OF NURSING. I want to tell you how much it has meant to me during the year, it has come to help me with several of my cases. My first was an obstetrical case, and a nice concise list of articles needed at such a time was a great help to me. Another edition brought an article, "How to Care for a Fractured Femur in a Private House." This was what I was doing at that time.

I would like it if more nurses would give their experiences in private nursing. It is interesting to read of some of them in the JOURNAL.

I find a baby's pap spoon a useful article in my bag; it makes a nice steady spoon for hypodermics, as the handle is inverted.

Wishing the readers of the JOURNAL a successful New Year, and the JOURNAL the same,

LOUISE HISBIT HAZLEHURST, R.N.

OPERATIONS ON MALE PATIENTS.

DEAR EDITOR: What is the custom of nurses doing hospital work during operations on male patients where, of necessity, the genital organs are exposed, especially those nurses assisting surgeons? Will the nurses of Ohio especially answer, also lady superintendents of our main hospitals?

I know what attitude to take, myself, but I have been told that my stand is radical and that it is customary for nurses in Cleveland and Columbus to assist and, in fact, to wait upon male patients regardless of exposure. While I do not credit this statement, I should like to be able to produce the protest of a number of nurses who, I am sure, feel as I do.

What number of hours do the nurses of the middle states consider right to ask for themselves when doing private duty?

M. M.

A REPLY FROM OHIO.

DEAR EDITOR: In answer to the question asked in regard to nurses being present at operations upon male patients, I wish to say that in one of our operating rooms all "screen" cases are regarded as such, and the nurse does not go behind the screen at all during the operation. In another operating room the nurses are present at every operation, the scrubbing up of the patient, however, is done in the anæsthetic room without the presence of the nurse. When the bandages are put on a "screen" case after the operation, the nurse usually either leaves the room or the patient, on the table, is wheeled out of the room, and the bandage applied in the adjoining room.

We always teach our pupils that whatever is *necessary* for a nurse to do, no matter what that is, is the proper thing for her to do. We never hear the matter discussed.

Every nurse has a right, I believe, to become indignant at unnecessary exposure, whether the patient is a man or a woman.

Personally I feel just as indignant at having a woman patient unnecessarily exposed before a doctor as I do at having a man patient unnecessarily exposed before a nurse. D.

THE FAMILY DIPPER.

DEAR EDITOR: I should like to make a suggestion to nurses who are anxious to help stamp out the white plague. How many of us give a thought to the bucket of drinking water that stands on the kitchen table of a country house, night and day, with a dipper in it, so that if any one wants a drink he may help himself? I have been in families where I know there has been consumption and, until I had put a stop to such a disgusting plan, every one was drinking out of the same dipper, and putting it back in the pail without washing it off.

I think if every nurse would do her duty in telling people the danger of this, it would do a great deal toward controlling the disease. I never have any trouble in making people follow my suggestion of pouring the water from the dipper into a glass and then washing the glass after drinking. It takes only a little time, and might save many a life. I have an idea that many nurses do the same thing themselves, because they are in a hurry. E. C.

LIVING CONDITIONS IN ARIZONA.

[A number of inquiries have been received at the editorial office of late in regard to nursing conditions in Arizona. The writer of this letter was asked to describe conditions as she finds them.—ED.]

DEAR EDITOR: I shall do my best to comply with your request for a letter telling how I happen to be down in this part of our country and something of conditions here.

With the class of 1904 I was graduated from the Farrand Training School, Detroit, and after doing both private and institutional work there, and in Alabama, I came, in 1908, to Douglas, Arizona, to be with my sister, nursing only when so urged that I cannot well refuse.

In order that you may understand better the conditions of living and nursing I must tell you a little about the location of Douglas. It is situated on a plateau of about 4000 feet elevation which, like the rest of this western country, is very productive when irrigated, but quite barren otherwise. However, during July and August, the rainy season, the fields are quite attractive with yellow and purple wild flowers and very fragrant acacia. Except for a few scattered weeks during the winter the days are warm and the sun bright, while the nights are cool. Just before the rainy season begins, when there is rain nearly every afternoon, there are usually a few hot nights. In the spring, high winds accompanied by dust are frequent. The autumn and winter here are certainly delightful; but I am not so well pleased with late spring and early summer. The mountains surrounding the valley are a never-ending source of delight and the sunsets are most glorious.